

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Friends of Warren Christopher

ADDRESS (number and street)

12138 Central Avenue Ste 971

Suite 971

Check if different  
than previously  
reported. (ACC)

Mitchellville

MD

20774

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00550004

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer WARREN CHRISTOPHER

Signature of Treasurer

WARREN CHRISTOPHER

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 20

Write or Type Committee Name

**Friends of Warren Christopher**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	45852.84	138775.26
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	45852.84	138775.26
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	19087.54	57965.13
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	19087.54	57965.13
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	80810.13	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 20

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Friends of Warren Christopher

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

15360.00

43369.00

**(ii) Unitemized.....**

3915.00

19333.83

**(iii) TOTAL of contributions from individuals ▶**

19275.00

62702.83

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

0.00

0.00

**(d) The Candidate.....**

26577.84

76072.43

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

45852.84

138775.26

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

50000.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

50000.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

45852.84

188775.26

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 20

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19087.54	57965.13
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	50000.00	50000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	50000.00	50000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	69087.54	107965.13

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	104044.83
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	45852.84
25. SUBTOTAL (add Line 23 and Line 24).....	149897.67
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	69087.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	80810.13

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 20

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Friends of Warren Christopher**

Full Name (Last, First, Middle Initial)

**A. James Bordley**

Mailing Address 2902 Kingsway Road

City

Ft Washington

State

MD

Zip Code

20744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
12 19 2015

Transaction ID : SA11AI.4524

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ann Brickner**

Mailing Address 4926 Thomas Drive

City

Shady Side

State

MD

Zip Code

20764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

No employed

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

477.00

Date of Receipt

M M / D D / Y Y Y Y  
10 13 2015

Transaction ID : SA11AI.4612

Amount of Each Receipt this Period

477.00

In-kind - Campaign Volunteer T-Shirts Expenses

Full Name (Last, First, Middle Initial)

**C. Ann Brickner**

Mailing Address 4926 Thomas Drive

City

Shady Side

State

MD

Zip Code

20764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

No employed

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

527.00

Date of Receipt

M M / D D / Y Y Y Y  
10 30 2015

Transaction ID : SA11AI.4432

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

777.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Warren Christopher**

Full Name (Last, First, Middle Initial)

**Ann Brickner**

Mailing Address 4926 Thomas Drive

City

Shady Side

State

MD

Zip Code

20764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

No employed

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

727.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

**Transaction ID : SA11AI.4614**

Amount of Each Receipt this Period

200.00

In-kind - Campaign Buttons Expenses

Full Name (Last, First, Middle Initial)

**Courtney Christopher**

Mailing Address 1907 Turleygreen Place

City

Upper Marlboro

State

MD

Zip Code

20774

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

FEMA

HR Specialist

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2015

**Transaction ID : SA11AI.4572**

Amount of Each Receipt this Period

500.00

In-kind - Campaign Consulting IT Operations and Scheduling

Full Name (Last, First, Middle Initial)

**Darise Deale**

Mailing Address 137 National Plaza

City

Oxon Hill

State

MD

Zip Code

20745

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2015

**Transaction ID : SA11AI.4566**

Amount of Each Receipt this Period

1700.00

In-kind - Campaign Consulting Services Social Media

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2400.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Friends of Warren Christopher**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Vicky Egli</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 23 / 2015	
Mailing Address 2805 Critz Lane		<b>Transaction ID : SA11AI.4453</b>	
City Thompsons Stations	State TN	Zip Code 37179	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Travelers Insurance	Occupation Claims Account Executive		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Everett Hamiton</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2015	
Mailing Address 1434 Oglethorpe Street		<b>Transaction ID : SA11AI.4428</b>	
City Washington	State DC	Zip Code 20011	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Octane, LLC	Occupation CEO		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Tara Maxwell</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 28 / 2015	
Mailing Address PO Box 2183		<b>Transaction ID : SA11AI.4564</b>	
City Bowie	State MD	Zip Code 20718	Amount of Each Receipt this Period _____ 2433.00 In-kind - Campaign Consulting Services Field Operations
FEC ID number of contributing federal political committee. C _____			
Name of Employer PG County Sheriff's Office	Occupation Law Enforcement Officer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2433.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 2783.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Friends of Warren Christopher**

<b>A. Lynda V. Rice</b> Full Name (Last, First, Middle Initial) Mailing Address 431 North Lee St. City Alexandria State VA Zip Code 22314 FEC ID number of contributing federal political committee. C Name of Employer Carolyn C. Eaglin & Assoc. Occupation Attorney Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 2700.00			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2015 <b>Transaction ID : SA11AI.4574</b> Amount of Each Receipt this Period 2700.00 In-kind - Campaign Consulting Services Legal	
<b>B. Christiana Ross</b> Full Name (Last, First, Middle Initial) Mailing Address 155 Potomac Passage Unit #629 City Oxon Hill State MD Zip Code 20745 FEC ID number of contributing federal political committee. C Name of Employer Verizon Occupation IT Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 2000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2015 <b>Transaction ID : SA11AI.4570</b> Amount of Each Receipt this Period 1000.00 In-kind - Campaign Consulting Fees Event Planning	
<b>C. Micahel Sanzi</b> Full Name (Last, First, Middle Initial) Mailing Address 844 Caren Drive City Eldersburg State MD Zip Code 21784 FEC ID number of contributing federal political committee. C Name of Employer Big Brothers Big Sisters Occupation President/CEO Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 <b>Transaction ID : SA11AI.4528</b> Amount of Each Receipt this Period 500.00	
<b>SUBTOTAL</b> of Receipts This Page (optional).....			4200.00	
<b>TOTAL</b> This Period (last page this line number only).....				



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Warren Christopher**

Full Name (Last, First, Middle Initial)

**Leticia Smith**

Mailing Address 5507 Fords Endeavor Drive

City

Bowie

State

MD

Zip Code

20720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CACI, Inc

Occupation

Legal Analyst

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2015

**Transaction ID : SA11AI.4559**

Amount of Each Receipt this Period

475.00

In-kind - Campaign Consulting Fees Admin and Finance

Full Name (Last, First, Middle Initial)

**Dwight Taylor**

Mailing Address 11633 Chapel Cross Way

City

Reston

State

VA

Zip Code

20194

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Graphic Design

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2015

**Transaction ID : SA11AI.4568**

Amount of Each Receipt this Period

1000.00

In-kind - Campaign Consulting Services Web Design

Full Name (Last, First, Middle Initial)

**Oliver Walton**

Mailing Address 1351 Boxwood Blvd

City

Columbus

State

GA

Zip Code

31906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Army

Occupation

Military

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2015

**Transaction ID : SA11AI.4464**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2475.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 20

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Warren Christopher

Full Name (Last, First, Middle Initial)

Yvonne Whitfieldbriggs

Mailing Address 2300 Jameson Street

City

Temple Hills

State

MD

Zip Code

20748

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2015

Transaction ID : SA11AI.4561

Amount of Each Receipt this Period

2700.00

In-kind - Campaign Consulting Services Faith Outreach

Full Name (Last, First, Middle Initial)

Marcus Zamur

Mailing Address 4630 Duncastle Road

City

Fayetteville

State

NC

Zip Code

28314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US Army

Occupation

Military Soldier

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.4493

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2725.00

15360.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 20

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	-------------------------------------	---	-----------------------------

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NAME OF COMMITTEE (In Full)

**Friends of Warren Christopher**

Full Name (Last, First, Middle Initial)

**WARREN CHRISTOPHER****A.**

Mailing Address 1907 TURLEYGREEN PLACE

City

UPPER MARLBORO

State

MD

Zip Code

20774

FEC ID number of contributing  
federal political committee.**C** H4MD04113

Name of Employer

Retired

Occupation

Military

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

55357.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

**Transaction ID : SA11D.4557**

Amount of Each Receipt this Period

26577.84

Candidate Contributions for Campaign Expenses

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

26577.84

26577.84

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Warren Christopher**

Full Name (Last, First, Middle Initial)

**A. American Legion Post 175**

Mailing Address 832 Manhattan Beach Rd

City	State	Zip Code
Severna Park	MD	21146

Purpose of Disbursement  
Campaign Kick Off Event Fees

Candidate Name

**Friends of Warren Christopher**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		20		2015

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : SB17.4592

**B. Best Buy Bowie MD**

Mailing Address 15800 Collington Rd

City	State	Zip Code
Bowie	MD	20715

Purpose of Disbursement  
Campaign Office Supplies

Candidate Name

**Friends of Warren Christopher**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2015

Amount of Each Disbursement this Period

351.31
--------

Transaction ID : SB17.4603

**c. Ann Brickner**

Mailing Address 4926 Thomas Drive

City	State	Zip Code
Shady Side	MD	20764

Purpose of Disbursement  
In-kind - Campaign Volunteer T-Shirts Expenses

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		13		2015

Amount of Each Disbursement this Period

477.00
--------

Transaction ID : SB17.4613

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1128.31

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Warren Christopher

Full Name (Last, First, Middle Initial)

**A. Ann Brickner**

Mailing Address 4926 Thomas Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2015

City	State	Zip Code
Shady Side	MD	20764

Amount of Each Disbursement this Period

200.00
--------

Purpose of Disbursement  
In-kind - Campaign Buttons Expenses

Transaction ID : SB17.4615

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Courtney Christopher**

Mailing Address 1907 Turleygreen Place

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2015

City	State	Zip Code
Upper Marlboro	MD	20774

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
In-kind - Campaign Consulting IT Operations and Scheduling

Transaction ID : SB17.4573

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Darise Deale**

Mailing Address 137 National Plaza

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2015

City	State	Zip Code
Oxon Hill	MD	20745

Amount of Each Disbursement this Period

1700.00
---------

Purpose of Disbursement  
In-kind - Campaign Consulting Services Social Media

Transaction ID : SB17.4567

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2400.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Warren Christopher**

Full Name (Last, First, Middle Initial)

**A. Kappstone Media**

Mailing Address 5900 Princess Garden Pkwy

City	State	Zip Code
Lanham	MD	20706

Purpose of Disbursement  
Media Advertising Fees

Candidate Name

**Friends of Warren Christopher**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2015

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : SB17.4605

**B. Mail Chimp-Rochet Science Grp**Mailing Address 675 Ponce de Leon Ave NE  
Suite 5000

City	State	Zip Code
Atlanta	GA	30308

Purpose of Disbursement  
Mail Chimp Database Fees

Candidate Name

**Friends of Warren Christopher**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2015

Amount of Each Disbursement this Period

150.00
--------

Transaction ID : SB17.4601

**c. Mail Chimp-Rochet Science Grp**Mailing Address 675 Ponce de Leon Ave NE  
Suite 5000

City	State	Zip Code
Atlanta	GA	30308

Purpose of Disbursement  
Mail Chimp Database Fees

Candidate Name

**Friends of Warren Christopher**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		23		2015

Amount of Each Disbursement this Period

150.00
--------

Transaction ID : SB17.4588

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

600.00
--------

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Warren Christopher

Full Name (Last, First, Middle Initial)

**A. Mail Chimp-Rochet Science Grp**Mailing Address 675 Ponce de Leon Ave NE  
Suite 5000

City Atlanta State GA Zip Code 30308

Purpose of Disbursement  
Mail Chimp Database Fees

Candidate Name

Friends of Warren Christopher

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2015

Amount of Each Disbursement this Period

150.00
--------

Transaction ID : SB17.4580

**B. Tara Maxwell**

Mailing Address PO Box 2183

City Bowie State MD Zip Code 20718

Purpose of Disbursement  
In-kind - Campaign Consulting Services Field Operations

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2015

Amount of Each Disbursement this Period

2433.00
---------

Transaction ID : SB17.4565

**c. Lynda V. Rice**

Mailing Address 431 North Lee St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
In-kind - Campaign Consulting Services Legal

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2015

Amount of Each Disbursement this Period

2700.00
---------

Transaction ID : SB17.4576

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5283.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Warren Christopher**

Full Name (Last, First, Middle Initial)

**A. Christiana Ross**Mailing Address 155 Potomac Passage  
Unit #629

City Oxon Hill State MD Zip Code 20745

Purpose of Disbursement  
In-kind - Campaign Consulting Fees Event Planning

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	28	2015

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.4571

**B. Micah Sims**

Mailing Address 4959 Parkside Avenue

City Philadelphia State PA Zip Code 19131

Purpose of Disbursement  
155 Agency Campaign Consulting Management Services Fees

Candidate Name

**Friends of Warren Christopher**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	07	2015

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.4609

**c. Micah Sims**

Mailing Address 4959 Parkside Avenue

City Philadelphia State PA Zip Code 19131

Purpose of Disbursement  
Campaign Consulting Fees Campaign Management

Candidate Name

**Friends of Warren Christopher**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
12	21	2015

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.4583

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4000.00



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Warren Christopher

Full Name (Last, First, Middle Initial)

**A. Leticia Smith**

Mailing Address 5507 Fords Endeavor Drive

City	State	Zip Code
Bowie	MD	20720

Purpose of Disbursement  
In-kind - Campaign Consulting Fees Adm and Finance

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2015

Amount of Each Disbursement this Period

475.00
--------

Transaction ID : SB17.4560

**B. SoBe Restaurant**Mailing Address 10621 Greenbelt Rd  
Unit 201

City	State	Zip Code
Lanham	MD	20706

Purpose of Disbursement  
Campaign Holiday Fundraiser Event Fees

Candidate Name

Friends of Warren Christopher

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2015

Amount of Each Disbursement this Period

567.57
--------

Transaction ID : SB17.4584

**c. Dwight Taylor**

Mailing Address 11633 Chapel Cross Way

City	State	Zip Code
Reston	VA	20194

Purpose of Disbursement  
Web Design Services - Alpha Tiger Designs Dwight Taylor

Candidate Name

Friends of Warren Christopher

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2015

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : SB17.4602

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1342.57

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Warren Christopher**

Full Name (Last, First, Middle Initial)

**A. Dwight Taylor**

Mailing Address 11633 Chapel Cross Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2015

City	State	Zip Code
Reston	VA	20194

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
In-kind - Campaign Consulting Services Web Design**Transaction ID : SB17.4569**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Touch of Heaven Printing**

Mailing Address 4716 Suitland Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		13		2015

City	State	Zip Code
Suitland	MD	20746

Amount of Each Disbursement this Period

230.00
--------

Purpose of Disbursement  
Literature Printing Services**Transaction ID : SB17.4607**

Candidate Name

Category/  
Type**Friends of Warren Christopher**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Yvonne Whitfieldbriggs**

Mailing Address 2300 Jameson Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2015

City	State	Zip Code
Temple Hills	MD	20748

Amount of Each Disbursement this Period

2700.00
---------

Purpose of Disbursement  
In-kind - Campaign Consulting Services Faith Outreach**Transaction ID : SB17.4563**

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3930.00

18683.88

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 20

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Warren Christopher**

Full Name (Last, First, Middle Initial)

**A. Warren Christopher**

Mailing Address 1907 Turleygreen Place

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2015

City	State	Zip Code
Upper Marlboro	MD	20774

Amount of Each Disbursement this Period

50000.00
----------

Purpose of Disbursement  
Candidate Loan Repayment to selfCategory/  
Type**Transaction ID : SB19A.4577**

Candidate Name

**Friends of Warren Christopher**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

50000.00

50000.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 20 OF 20

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4201

Friends of Warren Christopher

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2016

Warren Christopher

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1907 Turleygreen Place

City

State

ZIP Code

Upper Marlboro

MD

20774

Original Amount of Loan

50000.00

Cumulative Payment To Date

50000.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
06 / 25 / 2015

Date Due

M M / D D / Y Y Y Y  
11 / 15 / 2016

Interest Rate

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

**TOTALS** This Period (last page in this line only)..... ►

0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.